



**BLOOMINGDALE
TELEPHONE COMPANY**

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Received & Inspected

OCT 23 2013

FCC Mail Room

REDACTED – FOR PUBLIC INSPECTION

October 10, 2013

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Bloomingtondale Telephone Company
Study Area Code 301679

Dear Executive Secretary:

Bloomingtondale Telephone Company ("Bloomingtondale") has attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules¹. Bloomingtondale seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations². The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Mark Bahnson
CEO/General Manager

cc: Mr. Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0+1
List ABCDE

¹ 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0346/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310679
<015> Study Area Name	BLOOMINGDALE TEL CO
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Debbie Foune
<035> Contact Telephone Number: Number of the person identified in data line <030>	269-521-7308
<039> Contact Email Address: Email of the person identified in data line <030>	debbief@bloomingtondalecom.net

Received & Inspected

OCT 23 2013

FCC Mail Room

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<div style="border: 1px solid black; width: 100px; text-align: center;">0</div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<320> Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<410> Fixed	<div style="border: 1px solid black; width: 100px; text-align: center;">1.0</div>			
<420> Mobile	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>			
<430> Number of Complaints per 1,000 customers (broadband)				
<440> Fixed	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>			
<450> Mobile	<div style="border: 1px solid black; width: 100px; height: 15px;"></div>			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<510> 310679MICertification of Serv	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<610> 310679MIFunctionality in Emerg	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1010> <div style="border: 1px solid black; width: 100px; height: 15px;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	310679
<015> Study Area Name	BLOOMINGDALE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Debbie Founé
<035> Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039> Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

<110> Has your company received its ETC certification from the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
---	------------	-----------------------	----------------------------------

If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5

<111> year plan" filed with the FCC?	(yes / no)	<input type="radio"/>	<input checked="" type="radio"/>
--------------------------------------	------------	-----------------------	----------------------------------

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

[illegible]

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Founé
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Founne
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

[illegible]

(800) Operating Companies
Data Collection Form
FCC Form 481
OMB Control No. 3060-0986 / OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Foune
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingtonalecom.net
<810>	Reporting Carrier	Bloomingtonale Tel Co
<811>	Holding Company	Bloomingtonale Telephone Company Inc.
<812>	Operating Company	Bloomingtonale Telephone Company Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

PCG Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Founne
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | | Select
(Yes, No,
NA) |
|--|----------------------------|
| <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions; | |
| <922> Feasibility and sustainability planning; | |
| <923> Marketing services in a culturally sensitive manner; | |
| <924> Compliance with Rights of way processes | |
| <925> Compliance with Land Use permitting requirements | |
| <926> Compliance with Facilities Siting rules | |
| <927> Compliance with Environmental Review processes | |
| <928> Compliance with Cultural Preservation review processes | |
| <929> Compliance with Tribal Business and Licensing requirements. | |

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3050-0819

July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Foune
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310679
<015> Study Area Name	BLOOMINGDALE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Debbie Founé
<035> Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039> Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310679MILifeline Terms and Conditions required on line 1210 of the form

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒

<1222> Details on the number of minutes provided as part of the plan, ☒

<1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0988/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310679
<015> Study Area Name	BLOOMINGDALE TEL CO
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Debbie Pouné
<035> Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039> Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐

<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012> 2013 Frozen Support Certification ☐

<2013> 2014 Frozen Support Certification ☐

<2014> 2015 Frozen Support Certification ☐

<2015> 2016 and future Frozen Support Certification ☐

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification Support Used to Build Broadband ☐

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017> 3rd year Broadband Service Certification ☐

<2018> 5th year Broadband Service Certification ☐

<2019> Interim Progress Certification ☐

<2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		DMB Control No. 3060-0986/DMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Foune
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input checked="" type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input checked="" type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	310679MIRUS Operating Report December 2012 required on
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/> (Yes/No)
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input type="checkbox"/>
(3023)	Underlying Information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying Information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0886/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Founé
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BLOOMINGDALE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 10/10/2013
Printed name of Authorized Officer: Mark Bahnson	
Title or position of Authorized Officer: General Manager	
Telephone number of Authorized Officer: 269-521-7316	
Study Area Code of Reporting Carrier: 310679	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0085/OMB Control No. 3060-0813 July 2013
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<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Foune
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(300) Operating Companies

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310679
<015>	Study Area Name	BLOOMINGDALE TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Debbie Pouna
<035>	Contact Telephone Number - Number of person identified in data line <030>	269-521-7308
<039>	Contact Email Address - Email Address of person identified in data line <030>	debbief@bloomingdalecom.net
<810>	Reporting Carrier	Bloomington Tel Co
<811>	Holding Company	Bloomington Telephone Company Inc.
<812>	Operating Company	Bloomington Telephone Company Inc.

[illegible]



CONFIRMATION

Congratulations. Your filing has been successfully certified.

Filing 1 was successfully certified on 2013-09-16 15:05:43.0 by markb@bloomingdalecom.net .

SAC : 310679

SPIN : 143001696

Carrier Name : BLOOMINGDALE TEL CO

Program Year : 2014

[Return to 481 Search](#)



Certification that Bloomingtondale Telephone Company Inc., is able to function in emergency situations

Bloomingtondale Telephone Company Inc., (Carrier) is able to remain functional in an emergency situation through the use of backup power to ensure functionality without an external power source. Carrier has backup battery reserve in its central office, which enables it to provide service for a minimum of 8 hours. Carrier has backup battery reserve in its remote DSLAMs and cabinets, which enables it to provide service for a minimum of 8 hours. Carrier service is consistent with the prior obligations to provide service in emergency situations as set forth in §54.202(a)(2) and Rule 46 of the MPSC's Service Quality Rules (2000 AC, R 484.546), and its network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

A handwritten signature in black ink, appearing to read 'Mark Bahnson', is written over a horizontal line.

Mark Bahnson/CEO General Manager

9/13/13

Date



Certification that Bloomingtondale Telephone Company, Inc. (Carrier) complying with applicable service quality standards and consumer protection rules

As a licensed local exchange carrier in Michigan, Carrier is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act (NTA), and all MPSC Guidelines and Rules promulgated or adopted there under. Carrier will comply with all applicable and effective MPSC and FCC consumer protection and service quality standards. Which will include MPSC Customer Migration Rules, Operation Service Provider Rules, Anti-Slamming Rules. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules (a copy of the Manual has been submitted to the MPSC previously).

Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule.

A handwritten signature in black ink, appearing to read 'Mark Bahnson', is written over a horizontal line.

Mark Bahnson
CEO/General Manager

10-8-2013

Date

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number: _____ Name of phone company: _____

Date of Birth: _____ Last 4-digits of Social Security Number: _____

Last Name: _____ First Name: _____ M.I.: _____

Street: _____

Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program

City: _____ State: _____ ZIP Code: _____

This is my permanent address: Yes ☐ No ☐

Billing Address, City, State and Zip Code (if different from Service Address)

There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program. YES ☐ NO ☐

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$ _____ NUMBER OF HOUSEHOLD MEMBERS: _____

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,436	\$17,235
2	\$1,939	\$23,265
3	\$2,441	\$29,295
4	\$2,944	\$35,325

*Add \$6,030 (\$503 monthly) for each additional household member.

<input type="checkbox"/> Prior year's state or federal tax return.	<input type="checkbox"/> Current Annual Income Statement from Employer
<input type="checkbox"/> Social Security statement of benefits	<input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months
<input type="checkbox"/> Retirement/pension statement of benefits	<input type="checkbox"/> Veterans Administration statement of benefits
<input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits	<input type="checkbox"/> Divorce decree or child support document containing income information

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

<input type="checkbox"/> Food stamps	<input type="checkbox"/> Federal Public Housing Assistance or Section 8
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> National School Lunch - Free Lunch Program
<input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP)	

LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

Ace Communications	Chippewa County Telephone Company	Sand Creek Telephone Company
Allendale Telephone Company	Climax Telephone Company	Southwest Michigan Communications
Baraga Telephone Company	Deerfield Farmers' Telephone Co.	Springport Telephone Company
Barry County Telephone Company	Hiawatha Telephone Company	TDS Telecom
Blanchard Telephone Company	Kaleva Telephone Company	Thumb Cellular
Bloomington Communications	Lennon Telephone Company	Upper Peninsula Telephone Company
Carr Telephone Company	Michigan Central Broadband Co.	Waldron Telephone Company
CenturyLink of Michigan	Midway Telephone Company	Westphalia Broadband, Inc./Comlink
CenturyLink of Midwest Michigan	Ogden Communications	Westphalia Telephone Company
CenturyLink of Northern Michigan	Ontonagon County Telephone Co.	Winn Telecom
CenturyLink of Upper Michigan	Pigeon Telephone Company	Winn Telephone Company
Chapin Telephone Company		

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 9/2013

Local Exchange Service

Local Minutes of Use ("MOU") Rate

For calls dialed to a station bearing the designation of a central office within the Bloomingdale exchange, the Company will charge the following:

First 2,000 Conversation MOU in each billing period ...\$0.00 per Conversation MOU
Each Conversation MOU over 2,000 in that billing period...\$0.00 per Conversation MOU

For calls dialed to a station bearing the designation of Allegan, Gobles, Paw Paw, Grand Junction, Bangor Pullman, the Company will charge the following:

First 2,000 Conversation MOU in each billing period ...\$0.00 per Conversation MOU
Each Conversation MOU over 2,000 in that billing period...\$0.04 per Conversation MOU

The Company will measure Conversation MOU from the time when the Company's switching equipment receives answer supervision to the earlier of when the Company's switch receives disconnect supervision from the Bloomingdale switch or from the termination switch.

The Company will measure local Conversation MOU to the nearest whole MOU per call.

The Company will not bill the end user for non-conversation time related to local calls.

Local Conversation MOU do not include 1- plus, 0- plus or 0- minus calls.

The Company will not provide call record detail for local usage.

No MOU are carried forward from month to month.

REDACTED – FOR PUBLIC INSPECTION
BLOOMINDALE TELEPHONE COMPANY (SAC 310679)
ATTACHMENT – LINE 3015
ATTACHMENT REDACTED IN ENTIRETY